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## PART B - FEE(S) TRANSMITTAL

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05/16/2003

Chun M. Ng BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Seventh Floor 12400 Wilshire Boulevard Los Angeles, CA 90025-1026

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Christina Fernandez	(Depositor's name)
Committee Lemands 9	(Signature)
mant 18, 2003	(Date)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/865 929	05/24/2001	Min-hwa Chi	004192 P053D	4803

TITLE OF INVENTION: TRANSISTOR AND LOGIC CIRCUIT ON THIN SILICON-ON-INSULATOR WAFERS BASED ON GATE INDUCED DRAIN LEAKAGE CURRENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	08/18/2003
EXAMI KANG, DO		ART UNIT	CLASS-SUBCLASS : 257-347000		;
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent for the names of up to 3 registered or agents OR, alternatively, (2 single firm (having as a mem attorney or agent) and the nar registered patent attorneys or ag is listed, no name will be printed	patent attorneys ) the name of a ther a registered mes of up to 2 tents. If no name	Sokoloff,	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Taiwan Semiconductor Mfg. Corp.

Taiwan, R.O.C.

Please check the appropriate assignee category or category	ories (will not be printed on the patent)	Ŏ individual	Corporation or other private group en	tity 🔾 government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
Issue Fee	🛚 A check in the amount	A check in the amount of the fee(s) is enclosed.				
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Advance Order - # of Copies 10	The Commissioner is be Deposit Account Number	The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2666 (enclose an extra copy of this form).				
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(Authorized Signature)  Jan Carol Little Reg. No. 4  NOTE; The Issue Fee and Publication Fee (if requiother than the applicant; a registered attorney or a interest as shown by the records of the United States Fe	gent; or the assignee or other party in	69/6 <b>2</b> /200	is authorie geroedus führicu. V	0		
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